

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. **107049233** FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	3		/			
5	①		/			
6	②		/			
7	③		/			
8	④		/			
9	1		/			
10	1		/			
11	1		/			
12	1		/			
13	1		/			
14	5		/			
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TOTAL IND.	3					
TOTAL DEP.	20					
TOTAL CLAIMS	27					

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